

Military Health System Current Issues and Direction in Financing



Briefing Outline

- **Health Affairs Organization**
- **MHS Strategic Plan**
- Changing Environment
 - Management
 - New Contracts
 - Hot Topics
- FY 2003 Budget / FY 2004 Budget



Secretary of Defense Organizational Structure

SECRETARY OF DEFENSE



Deputy Secretary of Defense

Under Secretary of Defense (Personnel and Readiness)



Assistant Secretary of Defense(Health Affairs)





ASD (Health Affairs) Organizational Structure



William Winkenwerder, Jr., M.D., M.B.A. Assistant Secretary of Defense (Health Affairs)

Director, TMA



Edward P. Wyatt, Jr. Principal Deputy Assistant Secretary of Defense (Health Affairs)



David Tornberg, M.D. Deputy Assistant Secretary of Defense for Clinical & Program Policy



Ellen P. Embrey Deputy Assistant Secretary of Defense for Force Health Protection & Readiness



Nelson M. Ford Deputy Assistant Secretary of Defense for Health Budgets & Financial Policy

Chief Financial Officer

RADM Richard Mayo

RADM Thomas Carrato Deputy Assistant Secretary of Defense for Health Plan Administration

Chief Medical Officer

Director, Deployment Health

Chief Operating Officer



Military Health System (MHS) Strategic Plan

MHS mission:

"To enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care"

MHS Vision:

"A world-class health system that supports the military mission by fostering, protecting, sustaining and restoring health."



MHS Strategy Architecture

Stakeholder Perspective: Our stakeholders are the American people, expressed through the will of the President, Congress, and the Department of Defense

External Customer Perspective:

Our customers are the Armed Forces and all those entrusted to our care

Financial Perspective: Accomplish our mission in a cost effective manner that is visible and fully accountable

Readiness Theme

Focus on activities to enhance readiness of military forces and the medical assets that support them

Quality Theme

Ensure benchmark standards for health and health care are met

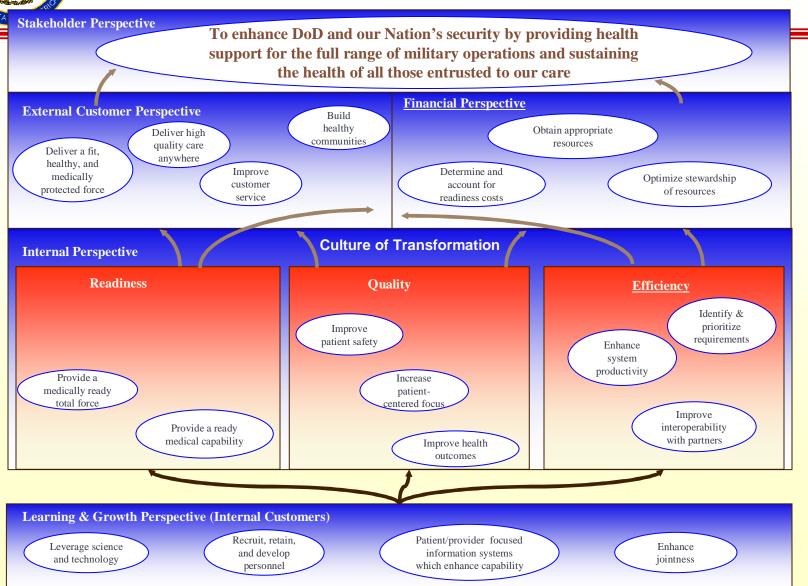
Efficiency Theme

Obtain maximum effectiveness from the resources we are given

Learning and Growth Perspective (Internal Customers): Our

people and our support systems are critical to giving us the capabilities to execute on all we set out to achieve.

Strategy Map for Transforming the MHS





MHS GOALS

- Improve service to external customers: Our customers are the Armed Forces and all those entrusted to our care.
- **Enhance financial stewardship:** Accomplish our mission in a cost effective manner that is visible and fully accountable.
- Improve Readiness: Focus on activities to enhance readiness of military forces and the medical assets that support them.
- Improve Quality: Ensure benchmark standards for health and health care are met.
- Improve Efficiency: Obtain maximum effectiveness from the resources we are given.
- Value our internal customers and leverage technology: Our people and our support systems are critical to giving us the capabilities to execute on all we set out to achieve.



Objectives for Financial Stewardship

Determine and account for readiness costs

Top-down and bottom-up approach

Optimize stewardship of resources

Visibility and accountability of all MHS resources

Obtain appropriate resources

- DHP growth aligned with civilian sector
- Real property life cycle replacement



Objectives for Improving Efficiency

- Interoperability with Partners VA/DoD Joint Purchasing
- Identify and Prioritize Requirements study still ongoing
- **Enhance System Productivity**
 - Workload (RVUs)/Provider/Day > 18.5
 - Hospital Occupancy >80%
 - Days per 1000 beneficiaries <195
 - MTF Prime Leakage <30%



Changing Environment - Management

Monitoring of Operations

- Government Performance & Results Act
- Secretary of Defense Metrics
- Performance Contracts
- Military Health System Executive Review
- OMB Program Assessment Review Tool



Management Measures

				Balanced Scor	ecard N	letrics		,					
					l cara ii								
erspective	Theme	O b je c tive		Measure	Perf.	Instrument				Lowest			
•		•			Contract	Panel	MHSER	SECDEF	Freq	Level			
		Fit Force	C -1										
External Customer		High Quality Care	C -2	Quality Outcome Measures					ď	Svc,Reg			
		Customer Service	C -3	Satisfaction with Health Plan	Х	Х		Х	Q	Svc,Reg			
		Healthy Communities	C -4	Healthy People 2010	Х	Х			Q	MHS			
		Determine and Account for											
		Readiness	F - 1	Determine and Account for Readiness					Α	MHS			
		Obtain Appropriate											
Financial		Resources	F-2	Obtain Appropriate Resources					A	MHS			
				% DHP Budget Growth					Α	MHS			
		Optim ize Stewardship	F-3 F-3	Efficiency of MHS					A	MHS			
			F-3	Efficiency of Direct Care					Α	MHS			
		Medical Ready Total Force Medical Capability	D 4	Individual Medical Readiness					_	0			
			R -1 R -1	Medical Surveillance System					?	Svc ?			
External Customer Financial Internal earning & Growth	Readiness		R -1	SORTS			_		Q	Svc			
			R -2 R -2	Common Core Medical Requirements					A	MHS			
			12	Common core wedical Requirements					A	WINS			
		Patient Safety	Q -1	Near misses					0	MHS			
		Patient Salety Patient Centered	Q - 2	Satisfaction with Encounter	х	Х	X	Х	Q	Svc,Reg			
	Quality	atient Centered	Q - 2	Satisfaction with Access	x	X	X	X	Q	Svc.Reg			
		Health Outcomes	Q -3	Number of Preventable Admissions	x	^	<u> </u>	_^	Q	MTF			
		Treatti Guttomes	~ •	Rumber of Freventable Aum issions	^								
Internal		Interoperability with	E -1	Number of DoD/VA Sharing Agreements					?	MHS			
internal	Efficiency	partners	E -1	DoD/VA Joint Procurement Dollars			1		Ā	MHS			
			E - 2	R V U /F T E	Х	Х	Х	Х	M	MTF			
		System productivity	E -2	Clinical Availability of Providers					М	MTF			
			E -2	Occupancy Rate					М	MTF			
			E -2	Inpatient Days/1000	Х	Х	Х		Q	MTF			
			E -2	Prime Leakage/Outpatient Marketshare	Х	Х	Х	Х	М	MTF			
			E -2	Cost per APG		Х			М	MTF			
			E -2	Medical Cost per Enrollee	Х	Х		Х	М	MTF			
		Identify and prioritize											
		requirem ents	E -3	Identify and prioritize requirements					Α	MHS			
		Leverage Science and											
		Technology	L & G -1	% R&D tied to Strategic Objectives					Α	MHS			
		Recruit, retain, develop	L & G -2	Fill Rate					Α	MHS			
Learning & Growth			L & G -2	Employee Satisfaction					Α	Svc			
		Patient/Provider based	L & G -3										
		systems		% patient encounters in CHCSII					M	MTF			
		-	L & G -3	TRICARE Online Usage					М	MTF			
		Jointness	L & G -4	Unfilled billets with other services overages					Α	MHS			
				Instrument Panel Metrics not	on the	Balanced	Score	card					
erspective	Theme	O b je c tiv e		Measure	Perf.	Instrument				Lowest			
					Contract	Panel		SECDEF		Level			
External				Enrollees	Х	Х	Х		М	MTF			
		Customer Service		Claims Processing	Х	X	Х		М	Reg			
Customer				Telephone Inquires		X							
Internal				Total R V U s	Х	X	Х		М	MTF			
				Total R W P s	Х	X	Х		М	MTF			
				Cost per R W P		X							
		System productivity		Primary Care RVUs/Enrollee		X							
				Panel Size		X							
				Inpatient Marketshare	X	X	Х		M	MTF			
				Catchment Area Purchased Care Costs	Х	X	X		M	MTF			



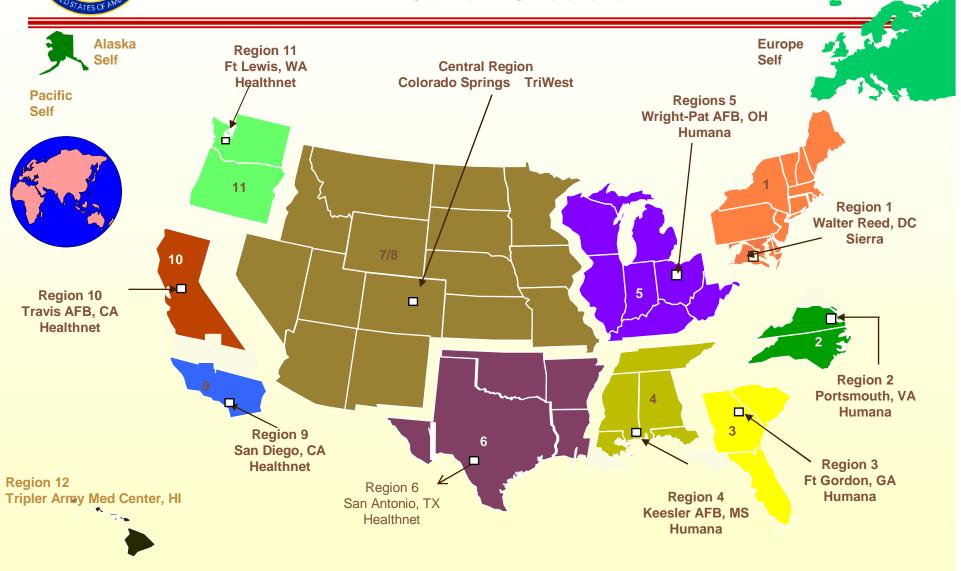
Changing Environment – New Contracts

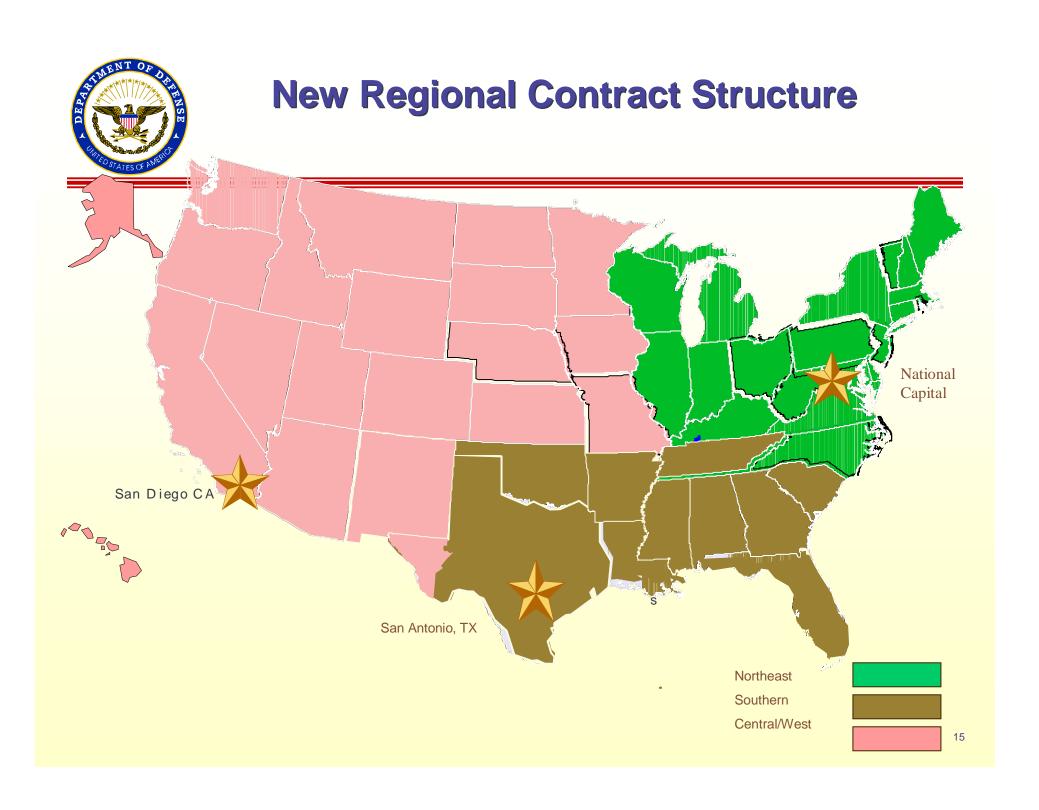
- **Next Generation of Managed Care Support Contracts**
 - Number of Regions New regional managers/Market Managers
 - Number of contracts
 - Streamlined Contracts
 - Stable Military Footprint
- **■** Local Service contracts e.g. utilization management, appointment and scheduling
 - Still being discussed
- **☐** Consolidated Central Contracts − e.g. marketing, pharmacy



TRICARE

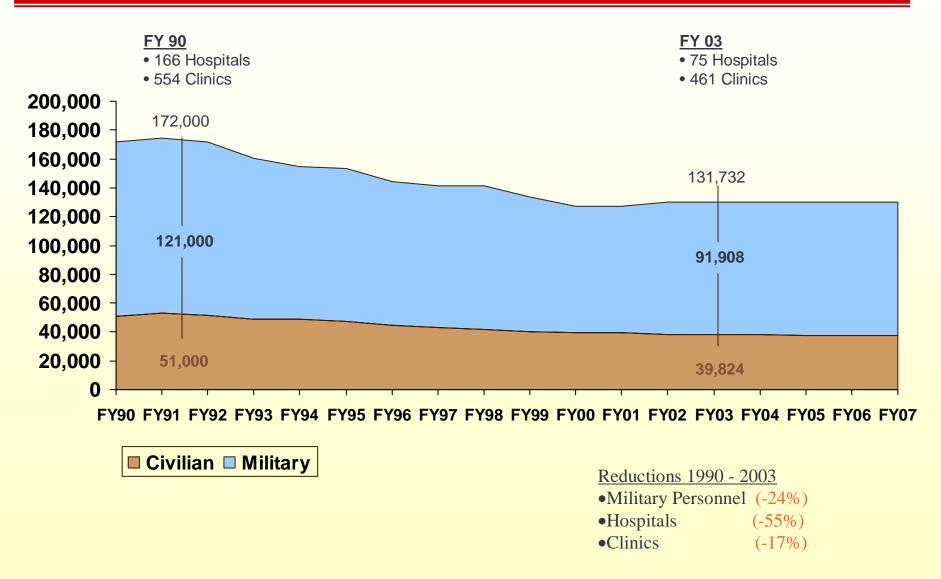
- Current Structure -







Medical Endstrength / Facilities





Changing Environment – Hot Topics

- **Cost of Readiness**
- Value of Health Care Prospective Payment (MID 910/911)
- **Cost of Private Sector Care**
- **Business Plans for Each Medical Treatment Facility**
- **Global War on Terrorism Costs**
 - Health Care for activated Guard/Reserve
 - Pre Deployment Costs
 - Backfill Costs
 - Force Protection

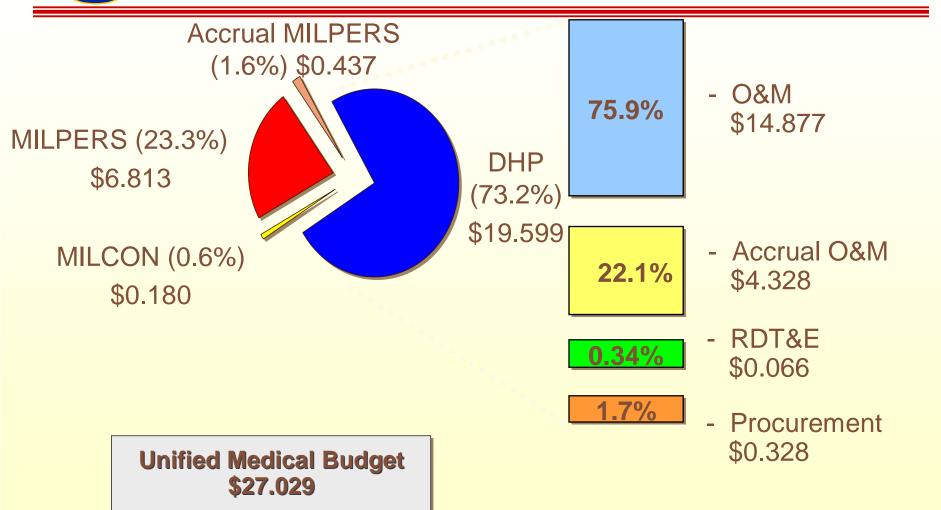


FY 2004 Budget Issues

- Initially thought 2004 would be "tight but executable"
- New users and increased volumes driving up Private Sector Costs
- **Bottom Line FY 2004 is current short by an estimated \$1 billion**
- **■** It is likely that some but not all of this may be funded during the course of the year
- **Additional problem of complete restriction on Private Sector Care Funds**



FY 2004 President's Budget Request





Unified Medical Program (\$ in Millions)

	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
Operation & Maintenance	\$16,739	\$14,053	\$14,877	\$15,923	\$17,280	\$18,746	\$20,018	\$21,359
Procurement	\$330	\$283	\$328	\$387	\$473	\$458	\$452	\$435
RDT&E	\$554	\$457	\$66	\$72	\$64	\$64	\$64	\$65
Military Personnel	\$5,861	\$6,172	\$6,813	\$7,076	\$7,369	\$7,588	\$7,829	\$8,034
MILCON	\$224	<u>\$168</u>	<u>\$180</u>	\$227	\$230	\$233	\$238	<u>\$247</u>
Total	\$23,708	\$21,133	\$22,264	\$23,685	\$25,416	\$27,089	\$28,601	\$30,140
Proj Medicare Eligible Accrual Outlays* \$2			<u>\$4,765</u>	\$5,006	\$5,324	\$5,661	\$6,016	\$6,400
Total - Including Accrual Outlays	\$23,708	\$25,578	\$27,029	\$28,691	\$30,740	\$32,750	\$34,617	\$36,540
*Office of Management and Budget Estim	ate in FY 2004 Presi	dent's Budget						



FY 2005-2009 Budget Issues

- **Prospective Payment of MTF Health Care**
- Struggle to do point estimates on an entitlement
- Accrual Fund Receipts for Medicare. Need to constantly update amounts for Medical Treatment Facility Care



QUESTIONS?